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PART B - FEE(S) TRANSMITTAL

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37902 7590 12/09/2005

WRIGHT MEDICAL TECHNOLOGY, INC.
5677 AIRLINE ROAD
ARLINGTON, TN 38002-9501

02/28/2006 HDEMESS2 00000066 502795 10691143

01 FC:1501 1400.00 DA
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<i>Patricia L. Powell</i>	(Depositor's name)
<i>Patricia L. Powell</i>	(Signature)
02/28/06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/691,143	10/21/2003	Stephen B. Murphy	702.153	4966

TITLE OF INVENTION: ACETABULAR IMPACTOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/09/2006
EXAMINER	ART UNIT		CLASS-SUBCLASS		
REIMERS, ANNETTE R	3733		606-091000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Wright Medical Technology Inc

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Arlington, TN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

 Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies _____

4b. Payment of Fee(s):

 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 502795 (enclose an extra copy of this form).

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 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Shawn D. SennillesDate 02/28/06Typed or printed name Shawn D. SennillesRegistration No. 3P 299

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Wright Medical Technology, Inc.
5877 Airline Road Arlington, TN 38002-9501
www.wmt.com

Date:	February 28, 2006		
To:	Mail Stop: Issue Fee: Commissioner for Patents	Fax:	(571) 273-2885
From:	Patricia Powell	Fax:	(901) 867-4398
Number of pages including cover sheet:	3	Phone:	(901) 867-4542

Certificate of Transmission

In Re. Application of:

Art Unit: 3733

Stephen B. Murphy

Our Ref.: 702.153

Application No.: 10/691,143

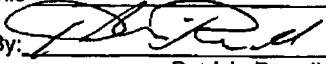
Examiner: Annette R. Reimers

Filed: 10/21/2003

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By: 
Patricia Powell

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Part B - Fee(s) Transmittal Form - Issue Fee

By: 
Patricia Powell

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